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CONFIRMATION NO. 2339

<b>SERIAL NUMBER</b> 10/621,191	<b>FILING OR 371(c) DATE</b> 07/15/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> A-70013-1/ENB
<b>APPLICANTS</b> David E. Silverman, Palo Alto, CA; Alan Stein, Moss Beach, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/882,522 06/15/2001 PAT 6,595,910 which is a CIP of 09/286,245 04/05/1999 PAT 6,251,063 which is a CIP of 09/232,056 01/15/1999 PAT 6,238,335 and claims benefit of 60/111,884 12/11/1998 <i>SLY 6/30/07</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none SLY 6/30/07</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/10/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Samuel H. Hallert</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 32940				
<b>TITLE</b> Method for treating fecal incontinence				
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	